

Application Data Sheet

Application Information

Application Type::	Reissue
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	INVALID LIFTING DEVICE
Attorney Docket Number::	3008-1021
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: PHILIP
Middle Name::
Family Name:: VON SCHROETER
City of Residence:: HARESFIELD
State or Province of Residence:: GLOUCESTER
Country of Residence:: UNITED KINGDOM
Street of Mailing Address::
City of Mailing Address:: HARESFIELD
State or Province of Mailing Address:: GLOUCESTER
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: GL10 3DU

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: JOHN
Middle Name::
Family Name:: GREAVES
City of Residence:: ROMSEY
State or Province of Residence:: HAMPSHIRE
Country of Residence:: UNITED KINGDOM
Street of Mailing Address::
City of Mailing Address:: ROMSEY
State or Province of Mailing Address:: HAMPSHIRE
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: S051 8FD

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Reissue of	09/321,723	5/28/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
UNITED KINGDOM	9811562	5/30/98	Yes

Assignment Information

Assignee Name:: ARJO. MED. AKTIEBOLAG LIMITED
Street of Mailing Address:: c/o Arjo Limited, St. Catherine St.

City of Mailing Address:: GLOUCESTER
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: GL1 2SL